**1. Date:** MM/DD/YEAR | **2. QCAR Number:** (Assigned by the Lead Auditor)

**3. Source of Request:**

☐ Internal Audit          ☐ Customer Complaint          ☐ Other_____

☐ External Audit          ☐ Internal Observation

**4. Originator:** (Last Name, First Name; Any person within AMA-200 who identifies a nonconformance, defect, or undesirable situation and initiates a QCAR)

  **Area:** (A specific area of AMA-200: AMA-250/21022/LP1/pages 1-5

**5. Reference Standard: (**Is the applicable standard used) (FARs, Handbooks, Advisory Circulars, Case Law, etc.)

**6. Nonconformity:** (The non-fulfillment of a specified requirement)

**7. Evidence of Nonconformity** (Objective evidence or proof to support a finding of a nonconformity)

**8. Temporary Fix:** (A description of the immediate action taken)

**9. Root Cause Analysis:** (A description of the results of the root cause analysis)

**10. Comprehensive Fix:** (A description of the implementation of the preventive action plan)

| Review of Temporary and/or Comprehensive Fix | | |
|---|---|---|
| **11. Auditor:**<br>(Last Name, First Name) | ☐ **Concurrence** | ☐ **Non-Concurrence** |
| Follow Up For Implementation and Effectiveness | | |
| **12. Follow Up Audit Date:** MM/DD/YEAR  (A follow up audit may not be required) | | |

| **13. Audit Program Manager Close Out:**<br>(Last Name, First Name - IAP Manager) | **14. QCAR Close Out Date:** MM/DD/YEAR |
|---|---|